

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/07/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155132		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/18/2011	
NAME OF PROVIDER OR SUPPLIER DANVILLE REGIONAL REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 255 MEADOW DR DANVILLE, IN46122			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 03/18/11</p> <p>Facility Number: 000057 Provider Number: 155132 AIM Number: 100266570</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Danville Regional Rehabilitation was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridor, all areas open to the corridor and in all resident bedrooms. The facility has a capacity of 127 and had a census of 70 at the time of this survey.</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 03/22/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:						

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K0029 SS=E	<p>Based on observation and interview, the facility failed to ensure 1 of 3 doors serving hazardous areas such as mechanical rooms with natural gas fired furnaces are equipped with self closing devices on the doors. This deficient practice could affect any resident, staff or visitor in the vicinity of service hall mechanical room.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 11:20 a.m. to 1:50 p.m. on 03/18/11, the service hall mechanical room contains one natural gas fired furnace and is not equipped with a self closing device on the entry door. Based on interview at the time of observation, the Maintenance Director acknowledged the entry door to the service hall mechanical room is not equipped with a self closing device.</p> <p>3.1-19(b)</p>			K0029	<p>Corrective Action: A self closing device was placed on the identified mechanical room door. Other areas to be affected: To ensure no other doors were affected, the Director of Maintenance surveyed all mechanical room doors to ensure there was a working self closing device on the door. Systematic Changes: The Director of Maintenance will provide a monthly audit on all mechanical room doors to ensure that the self closing device mounted to the door is in proper working condition. In addition, all self-closing devices will be audited to ensure in proper working condition. Monitoring: The monthly self closing door audit will be brought to monthly safety committee to ensure compliance x 3 months and then quarterly thereafter. This will be ongoing unless otherwise determined by the safety committee.</p>		04/01/2011